

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 239971US2X
		First Inventor or Application Identifier Masuo YOSHIMOTO
		Title SYSTEM AND METHOD FOR DISTRIBUTING DIGITAL CONTENTS, AND AN EDGE SERVER
		Assignee Name: 1) Ryuzo NAKAZUMI, 2) Masuo YOSHIMOTO Assignee Address: 1) 49-11-1005, Zoshigaya 1-chome, Toshima-ku, Tokyo, Japan 2) 6-6, Miyamae 4-chome, Suginami-ku, Tokyo, Japan

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification	Total Sheets 28	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets 10	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages 3	10. <input type="checkbox"/> English Translation Document (if applicable)
a. <input checked="" type="checkbox"/> Newly executed (original)		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)		12. <input type="checkbox"/> Preliminary Amendment
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		15. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
a. <input type="checkbox"/> Computer Readable Form (CRF)		16. <input checked="" type="checkbox"/> Other: Request for Priority
b. Specification or Sequence Listing on :		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

This application is a Continuation Division Continuation-in-part (CIP)
of application Serial No. Filed on
 This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



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07/09/03
PTD
S-18646

Docket No. 239971US2X

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Masuo YOSHIMOTO

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SYSTEM AND METHOD FOR DISTRIBUTING DIGITAL CONTENTS, AND AN EDGE SERVER

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
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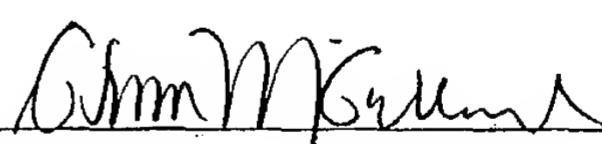
FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$750.00
<input checked="" type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				(\$375.00)
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$40.00
			TOTAL	\$415.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
 A check in the amount of **\$415.00** to cover the filing fee is enclosed.
 The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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Date: 7/9/03


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